



Georgia Department of Motor Vehicle Safety

1200 Tradeport Blvd Room 1129 Driver Education • Hapeville, Georgia 30354

(888) 774-1459 • (404) 675-6072 • DriverEd@gadmvs.com

Driver's Education Program License Application

(Please read carefully and complete application – Print in black or type – Reference last page for required documents/fees)

I am Applying for:

☐ Original

☐ Renewal

Name of Driver Education School (as appears on surety bond and business license)

Business Phone #

Current School License #
(If applicable)

Street Address (as appears on business license)

City

County

State

Zip Code

Mailing Address:

Street Address

City

County

State

Zip Code

Business License:

License Number: _____ Date Issued: _____ Date of Expiration: _____

Classification Code: _____ Classification Name: _____ Type: _____

Please list all owners, partners and officers of school below:

Name of Owner, Partner or Officer

Driver's License #

Position

Home
Phone #

Date of Birth

Street Address (Home)

City

County

State

Zip Code

Name of Owner, Partner or Officer

Driver's License #

Position

Home
Phone #

Date of Birth

Street Address (Home)

City

County

State

Zip Code

Type of business: ☐ Public/Private ☐ Owner ☐ Joint Owner ☐ Partner ☐ Corporation

If applicant is a corporation, under the laws of what state are you incorporated? _____

(If incorporated in another state other than Georgia, you must attach a certified copy of the permit to do business in Georgia as a foreign corporation.)

Yes No

- ☐ ☐ Has applicant been previously licensed to operate a Driver Education School? If yes, was license revoked? _____ Date: _____
- ☐ ☐ Has any owner, partner or officer, listed above, ever been convicted of any violation of the Driver Education School License Law?
If yes, please explain on a separate sheet.
- ☐ ☐ Has any owner, partner or officer, listed above, ever been convicted of any violation of the Motor Vehicle laws in any state or territory?
If yes, please explain on a separate sheet.
- ☐ ☐ Has any owner, partner or officer, listed above, ever been convicted of any moral turpitude in any state or territory?
If yes, please explain on a separate sheet.
- ☐ ☐ Is any owner, partner, or officer, listed above, or family member, currently employed _____
by the State of Georgia? If so, what agency?



Certification of Signatory:

It is illegal for anyone to give false or fictitious information for a Driver Education School License. Since this certification is considered part of the application, anyone who provides or certifies to false or fictitious statements or information herein may be prosecuted and/or have his or her license cancelled.

Applicant Certification:

I/we certify under penalty of perjury that the statements are true and correct to the best of my/our knowledge, information and belief. I am/we are familiar with the Georgia and Motor Vehicle licensing laws and regulations concerning conducting driving training schools.

Applicant's Signature

Date

School operating days and hours:

(Please notify the Department of Motor Vehicle Safety immediately, in writing, if there is any change in this information.)

Federal Tax Identification Number:

Vehicle Liability Insurance Certification:

I/We certify under penalty of perjury that the minimum limits of insurance coverage is maintained with the following company:

Name of Insurance Company:

Policy/Binder Number:

Name of Agent:

Surety Bond Certification:

I/We certify under penalty of perjury that a surety bond has been obtained from the following company:

Name of Bonding Company:

Policy/Binder Number:

Effective:

Facility(ies) Information:

The individuals listed below are authorized to sign on behalf of the driver education school:

Name

Signature

Name

Signature

Location(s) where instruction is given:

Classroom -

Street Address

City

County

State

Zip Code

Driving Range -

Street Address

City

County

State

Zip Code

Simulator(s) -

Street Address

City

County

State

Zip Code

Curriculum of Instruction (classroom and behind-the-wheel):

☐ Drive Right ☐ Responsible Driving ☐ How to Drive ☐ Handbook Plus ☐ License to Drive ☐ Other _____

Please send the completed application, documents and fees to the address above



DMVS USE ONLY																			
Required Documents/Fees (check off as received)																			
Original		Renewal																	
✓	Document/Fee	✓	Document/Fee																
<input type="checkbox"/>	One (1) photograph taken within thirty (30) days of filing application, showing a full view of the face, neck, shoulders and uncovered head.	<input type="checkbox"/>	One (1) photograph taken within thirty (30) days of filing application, showing a full view of the face, neck, shoulders and uncovered head.																
<input type="checkbox"/>	Cashier's check, certified check, money order or school check in the amount of twenty five dollars (\$25.00) payable to the <u>Department of Motor Vehicle Safety</u> to this application. Such fee shall be refunded if the application is denied. No Personal Checks Please!	<input type="checkbox"/>	Cashier's check, certified check, money order or school check in the amount of twenty five dollars (\$25.00) payable to the <u>Department of Motor Vehicle Safety</u> to this application. Such fee shall be refunded if the application is denied. No Personal Checks Please!																
<input type="checkbox"/>	One (1) notarized Consent for Background Investigation form (DE-03).	<input type="checkbox"/>	One (1) notarized Consent for Background Investigation form (DE-03).																
<input type="checkbox"/>	One (1) set (2 cards) of fingerprints of each of the right and left hands, accompanied by an AFFIDAVIT (DE-04) from a state, county or city officer qualified to make such fingerprints that the fingerprints are those of the applicant.	<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center; background-color: #e0e0e0;">✓</th><th style="text-align: center; background-color: #e0e0e0;">Tasks to Complete <i>(Check off as completed)</i></th></tr></thead><tbody><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Accurately Fill out Application</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Turn in Required Documents</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Pass Pre-Licensing or Pre-Renewal Audit</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Pass Background Check(s)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Pay Required Fees</td></tr></tbody></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tbody><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Approve</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Reject</td></tr></tbody></table>		✓	Tasks to Complete <i>(Check off as completed)</i>	<input type="checkbox"/>	Accurately Fill out Application	<input type="checkbox"/>	Turn in Required Documents	<input type="checkbox"/>	Pass Pre-Licensing or Pre-Renewal Audit	<input type="checkbox"/>	Pass Background Check(s)	<input type="checkbox"/>	Pay Required Fees	<input type="checkbox"/>	Approve	<input type="checkbox"/>	Reject
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<input type="checkbox"/>	Pay Required Fees																		
<input type="checkbox"/>	Approve																		
<input type="checkbox"/>	Reject																		
<input type="checkbox"/>	Business License (Certified Copy)																		
<input type="checkbox"/>	Certificate of Occupancy (Certified Copy)																		
<input type="checkbox"/>	Surety Bond (Certified Copy)																		
<input type="checkbox"/>	A \$24.00 money order or cashier's check made payable to Georgia Bureau of Investigation (G.B.I.). No Personal Checks Please!																		
<input type="checkbox"/>	Motor Vehicle Report from the previous state licensed in (at least a five-year period) if a Georgia Driver's License held for less than five (5) years.																		
Comments:																			
School License #	Classroom	Behind-the-Wheel	Issue Date																
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____																
DMVS Driver Education Agent's Signature			Date																